Charitable Hospitals in CGHS Panel

2343. SHRI TARIQ ANWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that charitable hospitals are charging more than what private hospitals are charging for bed, diagnosis, etc;

(b) if so, the names of the charitable hospitals which are doing so in Delhi;

(c) the names of the charitable hospitals which came under the CGHS panel in Delhi and the AID provided to these charitable hospitals by the Central Government as well as the State Governments;

(d) whether it is also a fact that the charges taken for the bed and the diagnosis are higher for the CGHS patients;

(e) if so, the reasons therefor; and

(f) what action Government would take in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (f) There was only one charitable hospital namely R.B. Seth Jessa Ram & Bros. Charitable Hospital on the panel of CGHS Delhi. This hospital has been de-recognised with effect from 4th July, 2005 due to violation of the clause/provisions of the MOA *i.e.* overcharging by intentional hiking of bills, keeping patient in ICU without justification and carrying out unrelated and irrelevant investigations.

TB and AIDS

2344. SHRI S. ANBALAGAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of persons affected by Tuberculosis (TB) and number of them died during each of the last three years, State-wise;

(b) the steps being taken/proposed to be taken by Government to totally eliminate this disease;

(c) whether it is a fact that AIDS and TB form a lethal combination; and

(d) if so, the details thereof and the steps proposed to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) It is estimated that every year about 18 lakh new cases are occurring in the country of which approximately 8 lakh are new smear positive and, therefore, highly infectious. State-wise detail of patients detected and put on treatment during last three years under the Revised National TB Control Programme (RNTCP) is given at Statement-I (See below). It is estimated that about 3.7 lakh persons die of TB every year in the country. Deaths were not reported under the National TB Control Programme which was being implemented in the country prior to the launch of RNTCP. However, under the Revised National TB Control Programme (RNTCP), deaths due to TB among patients registered for treatment are reported. State-wise details of deaths during the last 3 years are given in the Statement-II (See below).

(b) To control TB, the Revised National TB Control Programme (RNTCP) widely known as DOTS, which is WHO recommended strategy, is being implemented as a 100% Centrally Sponsored Scheme from 1997 in the country in a phased manner. Its objective is to achieve cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases. By March 23, 2006, all the districts in the country have been brought under coverage and are implementing RNTCP. Under the programme, diagnosis and treatment facilities including supply of anti TB drugs are provided free of cost to all TB patients.

(c) Yes, Sir.

(d) TB is most common opportunistic infection in the HIV infected individuals. An HIV infected individual co-infected with TB bacilli has an annual 10% risk of developing active TB disease, as compared to 10% lifetime risk of developing active TB disease in HIV negative individuals. Also TB disease is the leading cause of morbidity and mortality in people living with HIV/AIDS.

To address the problem, a close coordination has been established between the Revised National TB Control Programme (RNTCP) and the National AIDS Control Programme, at the National, State and district level so as to ensure that HIV positive individuals have early access to

RNTCP diagnostic and treatment services and TB patients being treated under RNTCP who are infected with HIV have optimal access to care and support for HIV disease.

Statement-I

State-wise details of TB detected and put on treatment under the Programme duringlast 3 years and till date

Sl. No.	State	2003	2004	2005	2006 (upto 2nd Qtr.)
1	2	3	4	5	6
1.	A&N Islands	566	595	733	459
2.	Andhra Pradesh	119368	109365	108679	52517
3.	Arunachal Pradesh	2232	2057	2346	1318
4.	Assam	20459	28551	29494	15436
5.	Bihar	33361	24422	30828	25556
6.	Chandigarh	2058	2208	2478	1223
7.	Chhattisgarh	15724	23822	23515	13996
8.	D & N Haveli	0	0	141	197
9.	Daman & Diu	0	0	158	127
10.	Delhi	38847	43809	45717	25276
11.	Goa	0	509	1731	930
12.	Gujarat	73133	80626	77087	40478
13.	Haryana	30908	33606	34516	17892
14.	Himachal Pradesh	13312	13458	13697	7055
15.	Jammu & Kashmir	8632	6089	5922	5303
16.	Jharkhand	13538	20031	26160	15445
17.	Karnataka	57449	65403	68728	31492
18.	Kerala	24878	25439	25074	12535
19.	Lakshadweep	-	-	4	12
20.	Madhya Pradesh	54224	68260	72296	36936
21.	Maharashtra	130676	143766	144564	69056
22	Manipur	5095	5042	4639	2238
23.	Meghalaya	2669	3800	3889	1926
24.	Mizoram	1031	2035	1942	974

1	2	3	4	5	6
25.	Nagaland	1763	2707	2770	1320
26.	Orissa	27080	43238	44501	22000
27.	Pondicherry	2322	1203	1462	840
28.	Punjab	22449	23304	30764	17864
29.	Rajasthan	98144	105596	104315	54506
30.	Sikkim	1403	1724	1572	752
31.	Tamil Nadu	89616	96639	92540	45855
32.	Tripura	1197	924	1730	1093
33.	Uttar Pradesh	153459	164406	182723	112472
34.	Uttaranchal	11194	10872	10825	5948
35.	West Bengal	89836	104026	107737	56806
	TOTAL :	1147223	1257532	1305277	697832

NOTE: The increase in reporting of TB Cases in comparison to previous year is attributed to increase in access to RNTCP as well as good case detection rate due to improvement in the Programme management and the Programme becoming more popular.

Statement-Il

State-wise details of TB deaths among TB patients registered for treatment reported under the Revised National TB Control Programme during last 3 year

SI. No.	State	2002	2003	2004	2005 (upto 2nd Qtr)
1	2	3	4	5	6
1.	Andhra Pradesh	1465	4344	4446	2499
2.	Arunachal Pradesh	16	57	50	50
3.	Assam	52	376	1015	630
4.	Bihar	158	194	310	417
5.	Chandigarh	24	43	42	29
6.	Chhattisgarh	144	366	724	492
7.	Delhi	437	493	540	410

1 2	3	4	5	6
8. Goa	—	—	15	25
9. Gujarat	1788	2058	2108	1470
10. Haryana	188	348	1163	624
11. Himachal Pradesh	361	433	371	260
12. Jammu & Kashmir	—	—	37	62
13. Jharkhand	81	177	357	361
14. Karnataka	1096	2429	3033	1947
15. Kerala	861	894	899	536
16. Madhya Pradesh	258	1158	1883	1349
17. Maharashtra	3449	4971	5326	3104
18. Manipur	156	148	106	58
19. Meghalaya	—	33	135	69
20. Mizoram	—	66	74	33
21. Nagaland	4	54	38	53
22. Orissa	812	1116	1785	996
23. Pondicherry	—	—	37	27
24. Punjab	48	511	536	617
25. Rajasthan	2151	2275	2234	1557
26. Sikkim	28	26	79	30
27. Tripura	—	—	26	1195
28. Tamil Nadu	3035	3335	3437	1016
29. Uttaranchal	1	*54*	214	165
30. Uttar Pradesh	663	2500	3359	2435
31. West Bengal	2533	2996	3260	2097
TOTAL :	19809	31455	37639	24613

*As treatment outcome (death, success rate etc.) becomes available only after one year from initiation of the treatment, the information in regard to TB deaths is available only upto June, 2005.

The coverage of population under RNTCP has increased from year to year. This resulted in increased number of TB cases detected and put on treatment under the DOTS strategy. Hence, seemingly more number of TB deaths reported under RNTCP in the successive years although the proportion of deaths over the years is more or less the same as is evident from the table given below:

Year	Population under RNTCP	No. of TB Cases detected and put on treatment	TB deaths	%age
2002	530 million	622873	19809	3.18
2003	775 million	906472	31455	3.47
2004	947 million	1187353	37639	3.16
2005	1080 million	1293083	24613	*

Budgetary provisions for mental health of children

2345. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that about 65 million children and young people in the country suffer from mental disorders, but no specific fund allocation is being made in the Union Budget for child and adolescent mental health;

(b) if so, the details of steps being taken to review the programmes to make suitable shift in the health and nurturing policies of Government and to make adequate financial allocations for the child mental health; and

(c) the details of percentage of GDP being spent on the development and emotional well being of children by some other countries?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The data relating to the number of children and young people suffering from mental disorder is not centrally maintained. However, as per Census of India 2001, the number of children in the age group 0-14 years suffering from mental disabilities was 5,34,818, nation wide.